

Intern Program Consent Form, 2008-2009

The Intern Program is a state-funded program of support and preparation for public school teachers to earn a teaching credential. By completing this consent form, you will join your local Intern program.

It is important to collect information on new public school teachers as we work to address the teacher shortage, provide support for new teachers, and promote teacher retention. The California Information Practices Act and the Federal Privacy Act provide that agencies requesting information indicate the principal purposes for which that information is used. Information gathered on this consent form will be used to determine funding for your Intern program.

I agree to participate in the Intern Program during the 2008-2009 school year.

School Name _____

School District _____

Intern Program _____

Type of Intern Program MS SS Sp Ed

1. First Name _____

Last name _____

Email address (if available) _____

2. What is your gender? Male Female

What is your birth date? __/__/__

3. Is this your first year in the Intern Program? Yes No

If No, is this your 2nd or 3rd year in the Intern program?

I estimate that I will complete my intern program (month)____, (year)____

4. For the year immediately preceding entering the internship credential program, please indicate which one of the following career categories best defines your experience:

- Military (Armed Forces)
- Technical & Scientific Industries (e.g. engineering)
- Social Services (e.g. health related, government)
- Other business or industry (e.g. sales, legal, clerical, manufacturing)
- College/University (recent graduates)
- Paraprofessionals (e.g. classroom aides)
- Provisional/Emergency/Substitute Permit Holders
- Other Teaching (e.g. private school, college)
- Other _____
(list job)

5. What is your ethnicity?

- African American or Black
- Asian American/Asian/Indian (e.g. Chinese, Japanese)
- Latino, Latin American, Puerto Rican, Mexican American, Chicano or other Hispanic
- SE Asian American/SE Asian (e.g. Cambodian, Hmong)
- Pacific Islander, Filipino
- Caucasian (non-Hispanic)
- Native American/Alaskan Native
- Other _____

6. When and where did you receive your undergraduate degree? Year graduated college _____
- In California
 - UC
 - CSU
 - Private Institution
 - Outside California
 - Which state? _____
 - Or Country? _____
- Please indicate campus _____

7. Please indicate the credential you are working toward:

- Multiple Subject
- Single Subject (Mark all that apply)
 - Agriculture
 - Art
 - Business
 - English
 - Languages other than English
 - Health Science
 - Home Economics
 - Industrial & Technology Education
 - Mathematics
 - Music
 - Physical Education/Dance
 - Science (Biological, Chemistry, Physics and Geo Sciences)
 - Social Science (History, Economics, Government, other)
- Education Specialist
 - Mild Moderate
 - Moderate Severe
 - Deaf/Hard of Hearing
 - Visually Impaired
 - Physical Health Impairments
 - Early Childhood
 - Other _____

8. What grade level(s) do you teach this year? (Mark all that apply).

- Pre K K 1 2 3 4 5
- 6 7 8 9 10 11 12

9. What **subject(s)** are you assigned to teach this year?
(Mark all that apply—select the options that *best* describe your assignment)

- Multiple Subject
 - Elementary, self contained
 - Middle School Core
 - High School
- Single Subject (Mark all that apply)
 - English (e.g., writing, literature, journalism, yearbook, drama, speech)
 - Mathematics (e.g., general, algebra, geometry, statistics, trig, calculus)
 - Science (e.g., general, biology, chemistry, physics and geology)
 - Social Science (e.g., history, economics, government, geography, civics)
 - Physical Education & Dance
 - Languages other than English
 - Art
 - Music
 - Agriculture
 - Business (e.g., computers, data processing, business law, bookkeeping)
 - Health
 - Home Economics
 - Industrial Arts/ROP
 - AVID, or other similar assignment

- Education Specialist
 - RSP (e.g., Collaborative, push in/pull out)
 - SDC
 - Itinerant
 - Transition
 - Assistive Technology
 - ECSE

10. What is your Social Security Number? - -
(required to track the Intern Program/s funding) _____

Please return this form to your Intern Director



SCHOOL OF EDUCATION

Intern Authorization for Employment

I. TO BE COMPLETED BY CANDIDATE

A. Name: _____ Soc. Sec. # _____

B. District of intern employment: _____

School location: _____ Phone: () _____

Grades that you are teaching: _____ Track: Regular or Year-Round

For Single Subject, teaching field _____

For Education Specialist (circle one): MM MS DHH

Signature of Candidate Date _____

II. FOR USE BY SCHOOL DISTRICT

A. School District: _____

Date candidate will begin employment as intern: _____

Primary Teaching Assignment: _____

School Name: _____ Phone: _____

Address: _____

CDS Code: _____

An intern contract will be offered when the candidate presents a university letter verifying that application for credential has been completed. The appropriate program coordinator will provide on-site supervision in cooperation with the school administration and the university.

B. Personnel Division Approval:

School District Personnel Specialist Date _____

III. TO BE COMPLETED BY THE UNIVERSITY

As soon as the candidate is selected for the position and submits a complete application for the Intern Credential, this institution will apply through the California Commission on Teacher Credentialing for the Internship Credential with an appropriate effective date. The university will provide supervision in cooperation with the district and monitor future coursework for the candidate.

Signature of Program Advisor

Date